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COVER LETTER

TO:	Registration Se Division of Cor					
CUD		ST INVESTMENT LLC				
SUB	JECT:	Name of Lim	ited Liability Company	·		
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspo	ndence concerning this matter	to the following:			
		Melinda Rodgers Lee				
			Name of Person			
		SPECIALIST INVESTME	ENT LLC			
			Firm/Company	 		
		412 Flamingo Dr				
		·	Address			
		Apollo Beach, FL 33572				
			City/State and Zip Code			
		melinda.fence@gmail.com				
		E-mail address: (to be used for future annual report notific	cation)		
For fi	urther information co	oncerning this matter, please ca	all:	ALL!	2015 SEP	*****
Meli	nda Rodgers Lee		813 727 7767 at ()	HAS		<u> </u>
	Name of	f Person	Area Code Daytime	Telephone Number	25 P	
Enclo	osed is a check for th	e following amount:		LORIE	?	Ü
₩ \$	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ing Fee, e of Status	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{06/23/2}{}$	2010	_ and assigned
This amendment is submitted to amend the following	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	icable:	412 Flamingo Dr		
(Principal office address MUST BE A STREET ADDRESS)		Apollo Beach, FL 33	3572	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		412 Flamingo Dr Apollo Beach, FL 33	33 × 24	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of office address here	ffice address on our e:	r records, enter the	name of the new
Name of New Registered Agent:	Melinda Rodge		-08 S	, 0
New Registered Office Address:	412 Flamingo I		A A	
		Enter Florida street		
	Apollo Beach		, Florida <u>33572</u>	
		City		7in Coda

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

"If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	EVERETT, NORTICIA	7609 DRAGON FLY LOOP	
		GIBSONTON, FL 33534	_■ Remove
			☐ Change
			Add
			_ □ Remove
			□ Change
			□ Add
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			Remove SECRETARY OF STANDARSSEE, FLO
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an effe	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocume	ent's effective date on the Department of State's records.
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e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.nggi the earlies
ine	90th day after the record is filed.
ated_	September 22, 2015.
	77///
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00